



Village of Whitehouse
Building & Zoning Department
6925 Providence Street
PO Box 2476
Whitehouse, OH 43571
Ph: 419-877-5383 . Fax: 419-877-5635

CONTRACTOR REGISTRATION FORM

Please Print Clearly

☐ New ☐ Re-Register for 20_____

Name of Company: _____ Date: _____

Contact Name and Title: _____

Business Address: _____
Street City State Zip Code

Telephone No: _____ Fax No: _____ Cell No: _____

E-mail address: _____ Web Site: _____

Please check the type of work you are qualified to perform:

☐ **Commercial**

☐ **Residential**

☐ **Industrial**

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> General Contracting | <input type="checkbox"/> Home Builder | <input type="checkbox"/> Remodeling | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Windows | <input type="checkbox"/> Gutters | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> HVAC | <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Sign Builder | <input type="checkbox"/> Fencing | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Cabinet Builder | <input type="checkbox"/> Lawn Sprinklers | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Pools |
| <input type="checkbox"/> Concrete/Masonry | <input type="checkbox"/> Foundations | <input type="checkbox"/> Repairs/Waterproofing | |
| <input type="checkbox"/> Accessory structures | <input type="checkbox"/> Hauling | <input type="checkbox"/> Other _____ | |

1. How many years experience do you having doing the type of work as indicated above?

2. How long has your company been in business? _____

3. How long has your company been under current ownership? _____

(OVER)

4. Do you have employees? ☐Yes ☐No **If yes, please provide a copy of your workers comp certificate.**

5. Do you have subcontractors? ☐Yes ☐No **If yes, each subcontractor must complete a Contractor Registration Form.**

6. If you are a plumbing, electrical, steamfitter, HVAC, refrigeration, or fire suppression systems contractor, you will need to **attach a copy of your State of Ohio registration / license.**

7. **Proof of Liability Insurance is required** from all Sidewalk, Sewer, and Sign Contractors who perform work in the Village. Please have your agent fax a copy of your certificate of insurance to 419-877-5635.

If the information on this form is found to be satisfactory, a Certificate of Registration will be issued. Certificate of Registrations are valid for one calendar year at the cost of:

Electrical, plumbing, steamfitter, heating and air conditioning, refrigeration, sewer, and fire suppression
Original registration.....\$150.00
Annual registration renewal\$ 40.00

Sign contractors
Original registration.....\$ 75.00
Annual registration renewal.....\$ 40.00

Sidewalk, drive apron and curbcut contractors
Original registration.....\$ 50.00
Annual registration renewal.....\$ 40.00

Contractors not otherwise specified above
Original registration.....\$ 50.00
Annual registration renewal.....\$ 40.00

This form must be signed by an authorized person.

Name of Company: _____

Print your name and title: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Postmarked: _____ For Calendar Year: 20____

Method of Payment: _____ Amount: \$_____

Check No. _____ Receipt No. _____